



3900 W. 34TH STREET NORTH • PO BOX 1841 • SIOUX FALLS, SD 57101-1841
605-336-3080 • FAX 605-336-3043 • 1-800-353-3080
www.tsf.com

Return Authorization Request

The following to be filled out by TSF retail customer.

Date: _____

Retailer Account #: _____

Retailer Name: _____

Address: _____

City, State, Zip: _____

TSF Invoice #: _____

Product Wanting to Return: _____

Quantity: _____

Reason for Return: _____

All returns are subject to a 25% restocking fee and TSF Management approval.

for office use only

Salesman Approval: _____

Date: _____

RA #: _____

Entered By: _____